

***Applicants are considered for all positions without regard to race, color, religion, national origin, age, marital status, or the presence of a non-job related medical condition or handicap. American Indian Preference does apply.***

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**Aroostook Band of Micmac Indians**  
**APPLICATION FOR EMPLOYMENT—Page 2**

Do you hold a current and valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: License number \_\_\_\_\_ State \_\_\_\_\_

Have you been convicted of any motor vehicle violations in the past 5 years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Have you been convicted of a crime or pled guilty, "nolo," or no contest?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Is there criminal action currently pending against you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Have you ever had a professional or business license or certification revoked or suspended or have you ever voluntarily surrendered a professional or business license or certificate?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:**

*Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.*

*If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.*

**If you wish to be identified, please sign below:**

\_\_\_\_\_ Handicapped \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Vietnam Era Veteran

Signed: \_\_\_\_\_

U.S. Military Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No Branch: \_\_\_\_\_

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Dates of service: \_\_\_\_\_ to \_\_\_\_\_ Job related training: \_\_\_\_\_

Do you have any physical or mental impairment or disability that would limit your job placement and/or enable you to perform your job to maximum capacity?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please indicate: \_\_\_\_\_

**Indicate what foreign/native language you speak, read and/or write**

	Fluently	Good	Fair
Speak			
Read			
Write			

**List professional, trade, business or civic activities and offices held** (exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

**Give the names, addresses, and phone numbers of three persons not related to you, whom you have known at least one year.**

Name	Address	Phone	Years Acquainted
1.			
2.			
3.			

**Describe any specialized skills relating to the position applied for, i.e. typing, wordprocessing, type of driver's license, etc.:**

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**Employment—Start with present or last employer:**

Company name:\_\_\_\_\_ Telephone:\_\_\_\_\_

Address:\_\_\_\_\_ Job title:\_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Name of supervisor:\_\_\_\_\_

Describe your work:\_\_\_\_\_

Weekly pay: Start\_\_\_\_\_ Last\_\_\_\_\_ Reason for leaving:\_\_\_\_\_

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Company name:\_\_\_\_\_ Telephone:\_\_\_\_\_

Address:\_\_\_\_\_ Job title:\_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Name of supervisor:\_\_\_\_\_

Describe your work:\_\_\_\_\_

Weekly pay: Start\_\_\_\_\_ Last\_\_\_\_\_ Reason for leaving:\_\_\_\_\_

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Company name:\_\_\_\_\_ Telephone:\_\_\_\_\_

Address:\_\_\_\_\_ Job title:\_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Name of supervisor:\_\_\_\_\_

Describe your work:\_\_\_\_\_

Weekly pay: Start\_\_\_\_\_ Last\_\_\_\_\_ Reason for leaving:\_\_\_\_\_

**Education**

Level	Name/Location of School	Graduate?	Course of Study
High School			
College			
Trade School			

**Describe any extra curricular activities or volunteer work you feel may be helpful to us in considering your application:**

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***“I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that, if employed, falsified statements on this application may result in discharge. I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. I understand that I am to abide by all rules and regulations of the Aroostook Band of Micmac Indians. I understand that this application will be considered active for a time period not to exceed six months. An applicant wishing to be considered for employment beyond that time should reapply.”***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_